## HOWARD COUNTY POLICE AND FIRE EMPLOYEES' RETIREMENT PLAN STATEMENT OF MILITARY SERVICE BY A MEMBER WITH AT LEAST TWENTY (20) YEARS OF ELIGIBILITY SERVICE

Please Prin	t or Type This F	orm		
NAME:	···			
ADDRESS	: -			Social Security No.
				<u> </u>
To the Reti	rement Plan Con	nmittee:		
Ι,		, a me	ember of the Howard (	County Police and Fire Employees'
Retirement	Plan with at leas	t twenty (20) years	of eligibility service of	lo hereby affirm or make affidavit to the
date of my	discharge on		•	
this period of Security (F. Federal Gov	of military service. I.C.A.) benefits, vernment on acco	te from any other r , benefits under the ount of National G	etirement system (exce National Railroad Re uard or Reserve servic	t credit and/or benefit credit for ept any disability benefits, Social tirement Act, or benefits from the e), I shall promptly notify the ement credit and/or benefit.
				e .
Signature			Date	
o grature			Date	
proven) to b	be the person who	, personally a ose name is signed ted and for the pur	appeared before me and above and acknowleds	se signature is shown above, d is known to me (or satisfactorily ge that he/she executed this ary credit in the Howard County and and official seal.
	· ·			Official Seal
				Must be affixed
	Notary Publi	c Signature		
REPORT C DATE OF I	)F TRANSFER	OR DISCHARGE ND DISCHARGE	OF YOUR DISCHAR OR SIMILAR DOC AND SUBMIT THIS	RGE PAPERS, FORM DD214, UMENT SHOWING THE FORM TO THE
	F	Retirement Coordin	nator Completes This S	ection
			<u> </u>	
	Reviewed By		Date	
	<del> </del>			
	Approved By Months Appr		Date	Months`
				- 1.2 OZIMIU